Interference to Hearing Aids by the new Digital Mobile Telephone System, Global System for Mobile (GSM) Communications Standard

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ABSTRACT

This report gives the details of some measurements on the interference caused to hearing aids by mobile telephones using the new "Global System for Mobile" (GSM) Communications Standard. The widespread use of this system may cause considerable interference to users of hearing aids. It is not known at present if hearing aids can be designed to be completely immune from this interference. This report has been written to alert all hearing aid users and those concerned with the use of hearing aids to the possible disruption to the use of hearing aids that may be caused by the new GSM system.

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1 Introduction

The new mobile telephone system, using the "Global System for Mobile" (GSM) communications standard, is due for introduction in April this year. It uses digital technology and operates at radio frequencies (RF) in the 900 MIIz region. The portable hand held and transportable telephones are capable of interfering with commonly used electronic equipment and can degrade the performance or even prevent the operation of hearing aids.

NAL was approached by Telecom Research Laboratories Electromagnetic Compatibility Section about the possibility of checking if the system interferes with hearing aids. Telecom was undertaking an investigation into interference caused by the digital telephones. As a result NAL and Telecom staff undertook a series of measurements designed to establish the nature and extent of interference to hearing aids.

The following is a report of these measurements, together with some recommendations.

2 Acknowledgments

Dr. Ken Joyner, Head of the Electromagnetic Compatibility Section, Telecom Research Laboratories, first approached NAL through Mr. Fric Burwood and visited NAL on 18th and 19th February, 1993 when it was established that interference may be a problem. Subsequently, measurements were carried out on 4th and 5th March 1993 to quantify the extent of the interference likely to be experienced by hearing aid users. Dr. Joyner and Mike Wood of Telecom Research Laboratories Electromagnetic Compatibility Section set up the equipment to generate the radio frequency field to simulate the telephone emissions and also provided Tables 3 and 4 of field strengths emitted by the GSM mobile telephones. Messrs. Eric Burwood, Detek Allison and Ross Le Strange of National Acoustic Laboratories carried out the hearing aid measurements.

3 Nature of Transmission from GSM Mobile Telephones

For the GSM system the radio spectrum available for mobile-to-base (i.e. mobile telephone) transmission is between 890 and 915 MHz, and for base-to-mobile it is 935 to 960 MHz. The mudulation produces 0.6 ms bursts of RF energy from each telephone transmitter at a pulse rate of 217 Hz. A number of peak power levels and equipment configurations are available for GSM mobile telephones for use within Australia. These include a 2 want hand held unit and an 8 want transportable unit. When due account is taken of the pulsed nature of the transmissions, the corresponding average power levels are 0.25 want and 1 want respectively.

The peak RF field strengths close to the antenna of the mobile telephone can be quite high. At 10 cm from an 8W transportable unit a peak RF field of 70-80 V/m has been measured.

The GSM system is a pulsed system with a higher peak power than the present analog mobile telephone system. This makes the GSM system much more likely to cause interference into electronic equipment which is apparently not affected by analog RF fields. Obviously the potential for interference depends on the number of GSM mobile telephones in use in the community and this is unlikely to be very high in the next few years.

4 Interference to Hearing Aids

Interference to a hearing aid is considerable, the amount depending on the details of its design. Considerable concern is felt by the European Hearing Instrument Manufacturers Association as the new system is being implemented in all European countries. The Australian Telecommunications Authority, Austel is embarking on an investigation into Temerging technologies for the delivery of wireless personal communications.

The interference from one transmitter is heard in the hearing aid as a constant, distinctive buzzing sound while the telephone is transmitting nearby. Figure 1 shows a typical frequency spectrum of the output of a hearing aid with interference, which occurs across the useable range from 200 to over 5000 IIz.

Hearing aids from all manufacturers will be similarly prone to this interference.

- 5 Description of Measurements Sensitivity of the Hearing Aids to the Interfering RF Signal
 - a Aim: To measure how the effect of the interference varies with the peak RF field strength, so that useful predictions could be made about the effect on hearing aids in proximity to these telephone transmitters. This was done by:
 - i Measuring the output of the aids subjected to varying RF field strengths, and
 - ii Subjectively comparing the interfering output with a sound of known intensity.

b Method:

- The hearing aids were placed in a known variable RF field generated by the system provided by Telecom shown in Figure 2. The sound output of the hearing aid was measured in a 2 cc coupler with a B&K 2120 Prequency Analyser set for wide band with a 100 Hz high pass filter to guard against low frequency ambient noise, refer to Figure 3.
- ii The noise floor of each aid was measured with the microphone blocked to ambient noise. The hearing aid output was then measured under a suitable range of field strengths, including that which produced an output 10 dB above the noise floor.

c Precautions:

The measuring microphone and acoustic 2 cc coupler are large metallic objects which alter the field strength around the hearing aids. In order to obtain reasonably accurate field strength at the aid, the 2 cc coupler and microphone were moved away from the vicinity of the aid. A 460 mm length of 2 mm diameter Tygon tubing was necessary to couple the aids to the 2cc coupler. This changed the acoustic frequency response of the aid, an example of which is shown in Figure 4. This change of response does not invalidate the measurements for the purpose of this investigation, since the bandwidth was not reduced significantly. The peak RF field strengths were measured using the apparatus shown in Figure 2. The output of the generator was varied with its attenuator in order to adjust the RF field incident on the hearing aid under test.

- On rotating the aids in the RF field the received interference changed. However, for the purpose of this investigation, it was decided that the orientation which produced the most interference in the majority of aids would be used, since time was insufficient for a more extensive exploration and it is unlikely that significantly more useful information would have been obtained.
- iii The frequency response of each aid was graphed with normal acoustic termination and also with the extra tubing using a NAL 8500 system whose calibration was checked with a B&K calibrator. This shows that the aids were operating correctly.

d Tape Recordings:

- i The outputs of each aid was recorded with and without interference for subsequent subjective evaluation.
- Recordings were made of the output of some of the hearing aids with test speech passages of known average SPL with and without interference to ascertain what may be deemed a suitable direshold for characterising the effect of interference. It was confirmed that a useful "annoyance" direshold is the RF field strength that causes an output 10 dB above the noise floor of the hearing aid, i.e. the output without interference and when the microphone was blocked to ambient sound. Increasing levels of interference rapidly increases the level of discomfort, e.g. when the interference was increased to 20 dB above the noise floor, the effect became unacceptable, even though the accompanying speech was still intelligible.
- iii It is intended to prepare a cassette tape recording with samples of a hearing aid output with and without interference to speech.

6 Interpretation of the Results

- a <u>Interference Threshold</u>: Table 1 shows the threshold values obtained with the hearing aids issued by AHS. Interference when the whole when the whole is slightly different to that with the microphone.
- b Range of Interference: Table 2 gives an approximate indication of the relative distances at which the 10 dB threshold is reached from a 2 wast GSM hand-held mobile telephone, and from an 8 wast GSM Transportable mobile telephone. These are estimated from the hearing aid thresholds in Table 1, and by extrapolating from the peak RF field strength measurements over grass in Tables 3 and 4. As indicated in Tables 3 and 4, significant variations occur in field strengths depending on the immediate environment, however the estimated values rank the aids correctly and give a realistic indication of the range where interference will occur.

c Conditions under which Interference Occurs:

- The telephones interfere with all the hearing aids tested. A user of one of these hearing aids will not be able to use these telephones, and a hearing aid will often become useless or cause the wearer discomfort close to a telephone when it is being used. This situation is representative of currently available hearing aids. It will be noticed that the IT312 has the least interference. An explanation is given below.
- ii Behind-the-Ear hearing aids experience more interference than In-the-Ear aids.

iii Hearing aids such as the VHK are likely to be unusable even several metres away from either the hand-held or the transportable telephones.

7 Interfering Mechanism

- a From the experimental work we can say that the interference occurs at the most sensitive part of the hearing aid amplifier, where the RF field induces signals in the wires connected to the microphone or the telecoil and detected (rectified) by the transistor input, and possibly by the output of the microphone which has a simple buffer amplifier. This mechanism applies in high gain audio amplifiers such a those used in public address systems that are subject to the radiation from AM radio and television transmissions. These are normally shielded from this interference and the input shorted by a small capacitor to eliminate the problem.
- b The higher peak pulses of RF power radiated and the close proximity to the hearing aids where they will be normally be used, combine to make this interference more severe than the above cases.
- c Sometimes a small capacitor is used shunting the amplifier input to prevent RF signals being detected and heard by the wearer. The Calaid Sonata has a small capacitor, but is not close to either the amplifier chip or the microphone. The Serenade, VLK and VHK/MK do not. This explains the lower threshold RF field strengths of the V aids. The new IT312 has much shorter microphone leads than the previous ITE hearing aids Sonata and Serenade, since the microphone is solidly mounted next to the amplifier board. The lower sensitivity to interference is consistent with the above mechanism.

8 Remedies

a Possible Approaches

- Filtering: The shunt capacitor is a simple filter. It should be placed physically very near the amplifier integrated circuit chip with very short wires. It may also be necessary to place one across the microphone output at the microphone. The capacitors are restricted by their affect on the circuit operation as well as taking up valuable space. By using a small ferrite inductor in series with the microphone leads in conjunction with the shunt capacitor, it may be possible to eliminate interference.
- Shielding: Complete shielding of the whole hearing aid with a conductive slieath will eliminate the interference, but is likely to be impractical. Suitable methods include thin metallic coating on the inside of the case parts, impregnation of the plastic with fine conducting particles and using a "metallic" paint. It may reduce the sensitivity of a telecoil if fitted. It is likely to be impossible to completely shield the aid, and connecting leads for audio input and induction pickup coil (telecoil) that are not shielded would present problems.
- iii Feasibility: It is not known now if these or other remedies will work and to what extent they may work.
- iv Restricting the use of the new GSM mobile telephones will prevent interference, but would probably make the GSM system useless.

- b Existing Hearing Aids: Changes to the large number of existing hearing aids has the following problems:
 - i It may be logistically difficult, if not impractical.
 - ii Feasible modifications are likely to be of minimal effectiveness because of the difficulty in applying effective remedial treatments to an existing product.
 - III Modifications to existing aids may be very expensive.
- c New Hearing Aids: If effective means to prevent interference are developed, they could be designed into new hearing aids.

9 Conclusion

- a It is likely that hearing aid users will be inconvenienced to some extent very soon after the new telephones are introduced.
- b Widespread use of the new GSM mobile telephones may make existing hearing aids uscless for much of the time.
- c Unless there is a realistic design remedy, new hearing aids will be affected, but possibly to a lesser extent, since partial remedies seem to be possible.
- d Co-operative work to investigate effective design solutions is necessary, to establish if they can be developed.
- e Monitoring the uptake of the GSM service and reports of interference to hearing aid users to gauge the extent of the problem in the short term and in the longer term undertake a co-operative programme to find practical and cost effective solutions.

10 Recommendation

- a Make this problem known through:
 - i Austel.
 - ii Hearing Aid user Groups,
 - iii Hearing Aid manufacturers,
 - iv Relevant government departments,
- b Initiate co-operative work to look for a suitable design solution,
- c Keep the above mentioned bodies informed about the extent of the GSM system and inform GSM mobile telephone users about the interference that may be caused to hearing aid users.

11 References

- a European Hearing Instrument Manufacturers Association, "Implications of GSM for the hearing handicapped". Bosstraat 135, B1780 Wemmel, Belgium, Tel 32-2-460 2284, Fac. 32-2-460 42449.
- b AUSTEL, "Discussion Paper: Wireless Personal Communication Services", Mobile Equipment Standards Section, AUSTEL, P.O. Box 7443, St Kilda Road, Melbourne. Victoria, 3004

Table 1 RF Field Strength for Noticeable Interference to Hearing Aids (From measurements of AHS Hearing Aids)

	Microphone Switched in			Telecoll Switched in		
Userlee 41st	RF Field	Hearing Ald	dB above	Threshold	Hearing Ald	dB above
Hearing Aid	(Volts/	Output	Noise	(Voits/	Output	Noise
	metre)	(dB SPL)	(no RF)	metre)	(des SPL)	(no AF)
Schind-the-Ea	r Hearing A	ide				
PPSCL	3.1	85.5	9.5	3.1	67.0	5.0
PPSC	2.8	94.5	9.5	4.9	87.0	10.0
VHK	0.7	89.5	9.5	0.4	77.0	120
VLA	1.6	62.0	12.0	2.0	59.0	12.0
PPCL4	3.1	85.0	11.0	3.1	74.5	9.5
n-the Ear Hea	ring Alds				· · · · · · · · · · · · · · · · · · ·	
JLFA	9,4	69.5	10.0			
SADSIS		1	İ			

In-the-Ear Hearing Aids

JLFR 9.4 69.5 10.0

Sonatz

S 4.9 66.0 10.5

Serenade

IT312 32.3 78.0 9.5

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Table 2 Threshold Distances for Noticeable Interference to Hearing Aids (Calculated from measured aid sensitivity and approximate field strengths near the telephones)

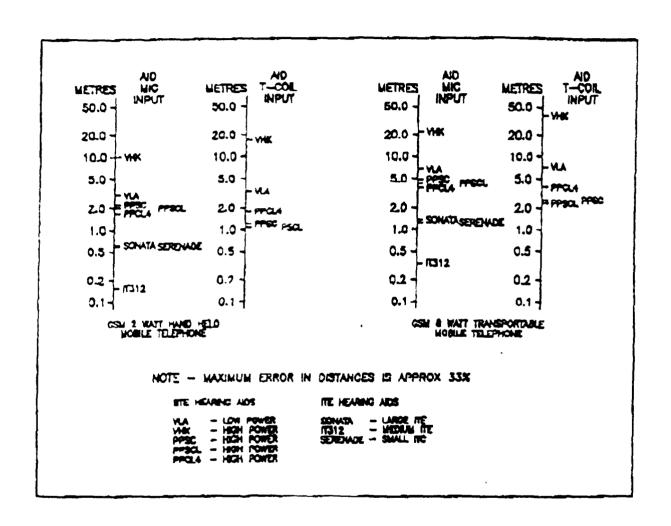


Table 3 Measured Field Strengths Near GSM 8 Watt Transportable Mobile Telephone, (Source Telecom Research Laboratories personal communication)

Distance (m)	TEST 1 - Outside Over Grass	TEST 2 - Inside Lab.	TEST 3 - Inside Lab. with Absorbers
(***)	Field	Field	Fleid
	Strength (V/m)	Strength (V/m)	Strength (V/m)
0.1	81.8	76.3	
0.2	53.4	51.6	
0.3	34.9	36.9	
0.4	27.4	30.7	
0.5	21.8	23.3	25.0
1.0	12.0	12.0	124
1.5		10.1	
2.0	5.7	62	5.9
2.5		9.6	
3.0	4.0	7.5	4.1
3.5		3.4	
4.0	2.8	5.8	
4.5			
5.0	2.6		

Table 4 Measured Field Strengths Near GSM 2 Watt Hand-Held Mobile Telephone, (Source Telecom Research Laboratories personal communication)

Distance (m)	TEST 1 - Outside Over Grass	TEST 2 - Inside Lab.	TEST 3 - Inside Lab. with Absorbers
(11)	Field Strength (V/m)	Field Strength (V/m)	Field Strength (V/m)
0.1	41.9	38.7	
0.2	28.7	27.1	
0.25	24.1		
0.3	20.8	21.3	
0.4	15.0	16.3	
0.5	13.1	14.7	
1.0	5.5	7.1	6.2
1.5	3.4	6.4	
2.0	2.4	4.1	3.0
2.5	1.7	3.5	
3.0	1.7	4.3	4.3
3.5	1.1	4.0	
4.0	12	2.7	
5.0	0.8		

Figure 1 Sample Frequency Spectrum of a Hearing Aid Output with Interference

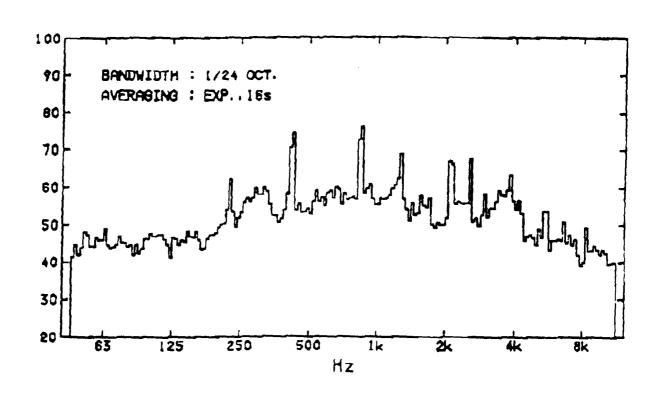


Figure 2 GSM Transmitter - Test Set-Up for Simulating Transmission

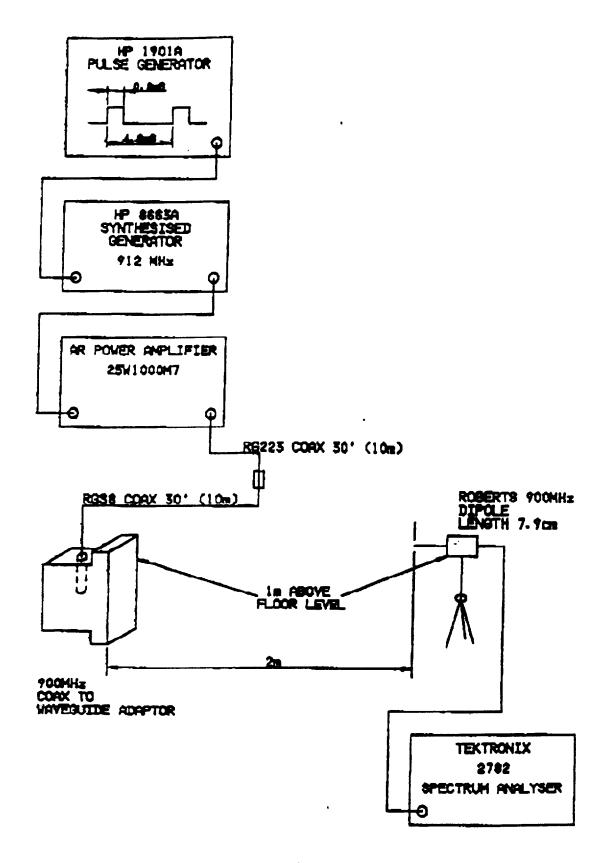


Figure 3 Hearing Aid Output with an Interfering Signal - Test Set-Up

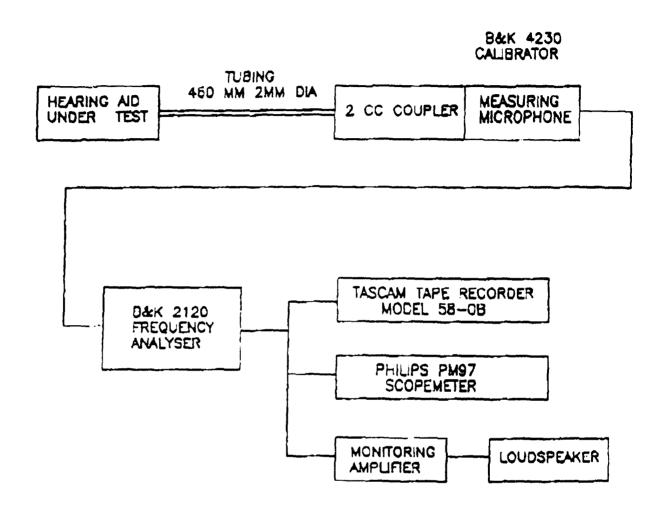
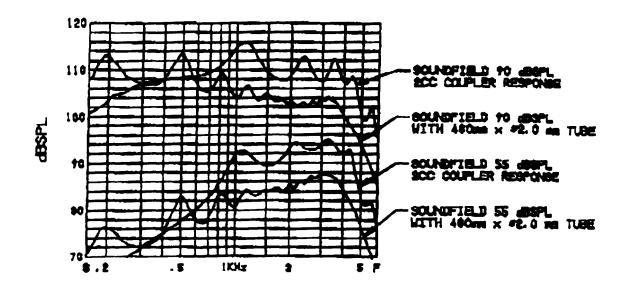


Figure 4 Sample Acoustic Frequency Response of Hearing Aid, with and without extended tube to 2cc coupler acoustic load.

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EMC CONSIDERATIONS FOR DIGITAL CELLULAR RADIO AND HEARING AIDS

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Abstract

This paper describes the compatibility problem between digital cellular radio and hearing aids. Research has shown that any radio system using time division multiple access could regularly interfere with hearing aids. This problem may be reduced by constraints on the cellular system implementation although an increase in hearing aid immunity to such signals is required if this problem is to dealt with effectively. It is hoped that COST 219 may be able to bring such changes about. This information was presented to a meeting of COST 219 on the 16th June 1992 in Dublin

1. Introduction

The aim of this paper is to describe the potential compatibility problem between digital cellular radio systems and hearing aids. In doing so it is hoped that action may be taken to improve the current situation.

The compatibility problem stems from any system where time division is used to multiplex many users onto a single RF carrier (Time Division Multiple Access - TDMA). This process results in the carrier being turned on and off many times. If the frequency at which this turning on and off occurs is in the audio frequency band then simply designed audio devices, such as hearing aids, can demodulate the RF envelope and produce an annoying 'buzzing' sound. With careful design, these problems can be removed through greater immunity to such signals.

It should be noted that this is an issue for any TDMA system when close to any audio apparatus. However, studies have shown that hearing aids are particularly susceptible and more

likely to be close to portable telephones.

This paper therefore covers the standards bodies involved in EMC issues, the initial EMC work, studies carried out at BT Laboratories, highlights possible solutions and then makes some final recommendations.

2. ETSI Standards

This issue has been highlighted through the work of organisations participating in the ETSI standards bodies. On the digital cellular radio side, the sub-technical committee SMG2 has been driving the work forward. This body is charged with the radio aspects of the pan-European digital cellular radio system - GSM. Other ETSI bodies involved in EMC issues are sub-technical committees RES9 and EE4. RES9 are concerned with EMC standards for radio equipment and EE4 in EMC standards for all other telecommunications equipment.

3. Initial EMC Testing

The initial studies of the interference potential of TDMA transmitters was conducted back in 1989 by BT Laboratories, the UK DTI, CSELT, Racal Research and others. At that stage the studies were concerned with hearing aids, personal tape players, domestic audio equipment, TV equipment and cardiac pace makers. These studies resulted in the following findings:

- No interference to cardiac pace makers
- Slight interference to domestic audio equipment
- Significant interference to body worn audio equipment

4. BT Laboratories Hearing Aid Testing

The work carried out at BTL can be split into 2 areas:

- Immunity testing
- Interference modelling

4.1 Immunity Testing

A number of hearing impaired volunteers from BTL were asked to take part in a laboratory test. The test consisted of an anechoic chamber (no RF reflections) in which an antenna was transmitting a test signal similar to that radiated by a GSM mobile telephone. The subject was then asked to walk towards the antenna and note the level of perceived interference at various distances. Having previously calibrated the chamber for field strength (in Volts per metre - V/m) the critical field strength could be determined.

The test equipment used to create the transmitted signal allowed the following parameters to be varied:

- Modulating waveform
- Duty cycle
- Transmit pulse transition time
- Repetition rate
- Carrier suppression
- Carrier frequency

The results of this laboratory investigation showed that the mechanism causing the interference was non-linear devices in the hearing aids demodulating the 100% amplitude modulated square wave of the RF envelope. Since the frame repetition rate is in the audible frequency band the demodulated products are audible. The critical field strength is around 4 V/m for perceptible, annoying interference.

However, what does this mean? Is this a problem or not? In order to answer these questions, a modelling exercise was undertaken.

4.2 Interference Modelling

The object of the modelling exercise is to determine, given the 4 V/m critical field strength, what is the probability of a hearing aid user

experiencing interference in a typical cellular system?

Firstly, we must determine the number of active mobiles and their transmit powers. This is done using a typical cell harout to give the maximum number of users at any one time and then a simple link budget is used to determine the transmit powers.

From the transmit powers, we can determine what area around each transmitter will experience a field strength of 4 V/m or greater. If we know the number of mobiles transmitting we can find the total affected area. This is the total area in which a hearing aid user would experience interference.

Given the total area of the cell layout under consideration, we can calculate the ratio of the affected area to the total area. This gives the probability of interference.

If we also know the number and duration of the ceilular telephone calls made, we can determine the time between bursts of interference and the duration of these bursts.

This modelling exercise was conducted for the following scenarios:-

- Daily commuter from rural area into city
- Person working and living in city
- Retired person shopping in city

If, for example, we take the daily commuter, we find that (with the initial frequency allocation for GSM) the following interference would be perceived:

- 1 burst lasting 2 mins on the train daily
- 1 burst lasting 2 mins at the train station every 1.5 months
- 1 burst lasting 3s on the street daily
- 1 burst in the office lasting 2 mins every month

Further to this, it can be said that the hearing aid user will be unable to use a portable digital cellular telephone. Operation of a vehicle installed telephone would however, be possible.

themselves.

There are things that can be done both from the mobile radio side and from the hearing aid side.

For the GSM cellular system, the following constraints can applied to minimise interference:-

- Dynamic power control to be used
- Small cells implemented where possible
- Discontinuous transmission to be used

All these aspects will ensure that the transmitter is operating for the shortest possible time and using the lowest possible transmit power.

However, this is unlikely to reduce the problem to an acceptable level. An increased immunity to RF interference is therefore required for hearing aids. Tests have shown that if the immunity is raised from the current 3 V/m to around 10 V/m then interference will be significantly reduced. These tests also indicated that this increase could be achieved with simple modification to the hearing aid design.

6. Conclusion

Extensive research has highlighted a compatibility problem between TDMA transmitters and hearing aids. These TDMA transmitters may be GSM transmitters but could be from any system using the TDMA principle. Since TDMA is being favoured for a number of future telecommunications systems, the number of TDMA mobile terminals is likely to dramatically increase in the coming years.

This problem could be dramatically reduced by applying system design constraints for the GSM system and an increased immunity from 3 V/m to 10V/m for future hearing aid devices.

It is hoped that in presenting this work to COST 219, some practical ways for improving hearing aid immunity can be found and implemented in future hearing aid designs. This would greatly benefit the hearing impaired in years to come when the number of mobile telephones has greatly increased. Such an improvement may also mean that hearing impaired people will be able use portable digital cellular telephones

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